

Rule No. 560-X-11-.10ER Reimbursement

(1) Governmental screening providers (including physicians) will be paid on a negotiated rate basis which will not exceed their actual costs. Non-governmental screening providers will be paid their usual and customary charge which is not to exceed the maximum allowable rate established by Medicaid.

(2) In screening a recipient, the provider's contract screening cost will cover the following services: unclothed physical examination; vital signs; height and weight; family, medical, mental health and immunization histories, vision and hearing testing; developmental assessment including anticipatory guidance and nutritional assessment; hematocrits or hemoglobins; and follow-up of all referred conditions to ensure whether or not treatment has been initiated.

(3) Providers may submit claims for immunization, TB skin test and treatment on the day of screening. These charges submitted on the CMS 1500 form are in addition to the screening charge, but no office visit should be charged at that time, except during the time prescribed by the governor as a State of Emergency due to the COVID-19 (Coronavirus) pandemic, but only in strict accordance with the May 8, 2020 provider Alert with subject line "Alabama Medicaid Updates Policies for Well Child Screenings and Other Services" and any successor Alert or amendment thereto, all providers will be allowed to charge for office visits on the day of the screening listed in Rule .10 of this Chapter.

Author: Elizabeth Huckabee, , EPSDT Program Manager, Physician and EPSDT Unit

Statutory Authority: Title XIX, Social Security Act; State Plan attachment 3.1-A; 42 CFR Section 441.50; OBRA '89-Section 6403.

History: Rule effective October 1, 1982, July 9, 1984, December 1, 1986, March 12, 1987, October 1, 1990, February 13, 1991. **Amended:** Filed April 20, 2009; effective July 16, 2009.

Amended: Emergency Rule filed and effective May 8, 2020.